

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8	V						58				
9	A						59				
10	/						60				
11							61				
12							62				
13							63				
14	b						64				
15	b						65				
16	b						66				
17	b						67				
18	b						68				
19	b						69				
20							70				
21							71				
22							72				
23							73				
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34							84				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				